




PTO/SB/31 (07-06)

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 57094(71526) | |
| In re Application of Masahiro Sakanaka et al. | | | |
| Application Number 10/070,209-Conf. #9390 | | Filed July 12, 2002 | |
| For BRAIN CELL - OR NERVE CELL-PROTECTING AGENTS COMPRISING MEDICINAL GINSENG | | | |
| Art Unit 1655 | | Examiner P. A. Leith | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | \$ 500.00 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1105. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
| I am the | |  | |
| <input type="checkbox"/> applicant /inventor. | | Signature | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | Gregory B. Butler, Ph.D., Esq. | |
| <input type="checkbox"/> attorney or agent of record. Registration number | | Typed or printed name | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 34,558 | | (617) 439-4444 | |
| | | Telephone number | |
| | | September 13, 2006 | |
| | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input type="checkbox"/> *Total of 1 forms are submitted. | | | |

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